

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549301

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7		2				
8		2				
9		8				
10		1				
11	1					
12		1				
13	1					
14		1				
15	1					
16		1				
17		2				
18		2				
19	1					
20	1					
21		1				
22		2				
23		2				
24	1					
25		1				
26		2				
27	1					
28		1				
29		1				
30		1				
31		1				
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42	1					
43	1					
44		1				
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
56					1	
57					1	
58					1	
59					1	
60					1	
61					1	
62					1	
63					1	
64					1	
65					1	
66					1	
67					1	
68					1	
69					1	
70					1	
71					1	
72					1	
73					1	
74					1	
75					1	
76					1	
77					1	
78					1	
79					1	
80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.					4	
TOTAL DEP.					30	
TOTAL CLAIMS					34	